



Section 1 — Must be completed by the applicant

ALS = Automated Licensing System

- Montana hunting, fishing and other recreational licenses are issued via an automated licensing system (ALS).
- The first time you acquire a license through ALS, you will be assigned a **lifetime "ALS number"**.
- **The ALS number is your birthdate plus a number randomly issued by the automated system.**

Date of Birth ____/____/____ ALS # ____ (see above)
MM DD YYYY

Social Security Number _____

If you do not have an ALS number, you MUST also provide your social security number.

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Name	First	MI	Last	Jr. Sr.	Home Phone () -	Work Phone () -
Mailing Address (Your application cannot be processed if you list only a PO Box Number)				Physical Address		
City			State	Zip Code	Country <input type="checkbox"/> USA <input type="checkbox"/> Other _____	
<input type="checkbox"/> Female	Weight	Height	Hair	Eyes	Occupation	
<input type="checkbox"/> Male						
<input type="checkbox"/> Yes FWP receives requests for mailing lists. Do you want your <input type="checkbox"/> No name included on lists provided by FWP to requestors? (see reverse)						

I hereby declare that all statements on this form are true and correct. I have not made more than one application per permit. I understand that if I subscribe to any false statement in this application I am subject to criminal prosecution. MCA 87-2-104.

X _____

SIGNATURE OF APPLICANT—Original Signature Required—Do Not Print
(Faxed or photocopied signature not acceptable.)

_____ Date

Section 2 and 3 — Must Be Completed - See Reverse Side of Application

Section 3 must be completed by a licensed physician Medical (M.D.) or Osteopathic (D.O.) only.

Please Remember:

- This permit must be used with a valid current years hunting license.
- This permit is nontransferable.
- This permit is valid unless permit criteria changes.
- This permit is free-of-charge.
- Invalid or incomplete applications will be returned.
- Questions???s —Call (406) 444-2535

Return completed application to:
Montana Fish, Wildlife & Parks
ATTN: Information Center
1420 East 6th Avenue
PO Box 200701
Helena, MT 59620-0701

Check Your Application:

- ☐ I have completely filled out MANDATORY Sections 1 and 2
- ☐ I have signed my application.
- ☐ I have obtained a licensed physician's (M.D. or D.O.) certification in Section 3.

LICENSES issued through the mail may take two weeks from time of receipt to process.
Please allow adequate time.

Section 2 — Must be completed by the applicant

Hunters with the *Permit to Hunt From a Vehicle* authorization **MUST BE** accompanied by another person to assist with field dressing and/or recovery of a wounded game animal when hunting big game, MCA 87-2-803(4).

I (PRINT your name), _____ hereby affirm that I am capable of holding and firing legal firearms, without assistance from other persons, and that I qualify for this permit because:

Applicant MUST check one or more of the following PERMANENT eligibility criteria

I am permanently dependent on:

- ☐ 1. wheelchair for mobility
- ☐ 2. crutch for mobility
- ☐ 3. cane for mobility
- ☐ 4. an oxygen device

I am an:

- ☐ 5. amputee above the wrist
and/or
amputee above the ankle

I am permanently unable to:

- ☐ 6. walk, unassisted, 600 yards over rough and broken ground while carrying 15 pounds within 1 hour AND I am unable to handle and maneuver up to 25 pounds.

X _____

SIGNATURE OF APPLICANT - Original Signature Required - Do Not Print
(Faxed or photocopied signature not acceptable.)

_____ Date

Section 3 — Must be completed by a licensed physician (M.D. or D.O.) only.

I hereby certify that the above-named applicant is eligible for the Permit to Hunt From a Vehicle because of a **PERMANENT** mobility limitation as checked in Section 2.

PRINT — M.D. or D.O. Name

M.D. or D.O. Office Phone Number

PRINT — M.D. or D.O. Address

M.D. or D.O. License #

M.D. or D.O. Signature

Date

Mailing Lists - Montana Fish, Wildlife & Parks receives requests for mailing lists. **Please note, even if you chose no, under state law the department is required to allow individuals who wish to compile their own mailing list access to department records including your name, address, gender, residency status, license type, district applied for and whether you were successful.